Utilising a Collaborative Approach Between the Counselling and Health Clinics Teams for a Student Intern-led Wellbeing Check-in Service: A Program Evaluation

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Abstract

The demand for mental health support in universities is on the rise and university services are struggling to keep up. Being able to provide appropriate support and counselling services in a timely manner is crucial to support students in engaging with and managing their university studies. The Griffith University Student Health, Counselling and Wellbeing team, in collaboration with Griffith Health Clinics, has implemented a student intern-led, interdisciplinary, cross-departmental, and iterative program to support students' wellbeing while awaiting formal counselling services. Universities are increasingly recognising the need to capture the student voice, contextualising students as both end users and stakeholders in services. Moreover, the student-led approach is a student partnership methodology that brings multifaceted benefits. An evaluation of the Wellbeing Check-In (WCI) program was conducted through qualitative and quantitative data analyses. Important insights were revealed into the benefits and challenges that counselling and social work interns faced in supporting students. Findings include opportunities within the program for professional development, benefits to both student interns and clients, challenges for service improvement, and logistical feedback to improve the program. Further, the ability to drive the student-led approach and the satisfaction of providing altruistic peer support were found to be memorable experiences for the interns. The WCI program has proven to be valuable in the timely support of students' wellbeing as they await their counselling appointment, whilst also supporting the skill development of interns.

Keywords

Student-led approach, Counselling, Mental health, Social work, Interdisciplinary, Interprofessional, University student services

Introduction

University students' mental health is an emerging crisis in higher education (Hernández-Torrano et al., 2020; Xiao et al., 2017). The stressful nature of studying at university, alongside financial and competing demands, increases the risk of mental health issues for students. Research has also shown that those aged between 18–25 are particularly at risk of developing anxiety, stress, and depression (Australian Institute of Health and Welfare, 2024). The *Under the radar* (Orygen, 2017) report stated that at least one in four university students will experience mental ill-health in any given year. According to the Healthy Minds Study of 373 universities in the United States, 60% of university students met the criteria for at least one mental health problem (Lipson et al., 2022). This becomes a concern for universities as mental health issues are an obstacle to academic success (Son et al., 2020). Demand for mental health support in universities is also on the rise and university services are struggling to meet student demand (Lipson et al., 2022). According to an Australian and New Zealand Student Services Association (ANZSSA) 2018 benchmarking survey, students could be waiting up to a month between requesting a counselling appointment and seeing a counsellor at Australian and New Zealand universities (Andrews, 2019). Even with increasing demands, 89.5% of universities reported no increase in funding to provide additional counselling

services (Andrews, 2019). Considering historical data and the added strain of current economic challenges, it seems improbable that the provision of additional counsellors in universities will suffice to address the escalating needs of students in the foreseeable future (Macaskill, 2013; Mair, 2016; Randall & Bewick, 2016).

University mental health services

A systematic review of how mental health services manage waitlists and service demands showed that triage approaches and walk-in clinics led to reduced or eliminated waitlists and increased access to services (Thomas et al., 2021). In a university mental health service, some common issues are "no-shows" to appointments or instances where students book an hour-long appointment only to discover that another service is required instead (Rockland-Miller & Eells, 2006). It is also recognised that when students are in distress, the immediacy and timeliness of the response is important. University services have implemented a variety of approaches to deal with the increasing demand, including early triage appointments, cancellation lists, and same-day appointments (Andrews, 2019). For example, at the ANZSSA Professional Focus Group (PFG) counsellors' meetings in 2023, some Australian universities reported that they had employed a triage system, staffed by trained practitioners. By conducting multiple 15–20-minute triages each day, students are seen sooner and counselling appointment no-shows are reduced (Rockland-Miller & Eells, 2006).

Providing timely counselling services is crucial to support students to manage and engage in their university studies (Orygen, 2020). Students who require more urgent support may not have their mental health needs met when the earliest available counselling appointment is a few weeks away. This is particularly the case for students who book online without a method to assess the urgency of their requirements. The Griffith University "Urgent Care" crisis support line (Griffith University, n.d.) has been introduced to alleviate immediate mental health crises. However, students may not view their circumstances as being this serious and may book a counselling appointment instead.

Among other mental health supports, the Griffith University Student Health, Counselling and Wellbeing (SHCW) service provides individual counselling appointments to students, both online and in person. Most students book their counselling appointment through the online portal, without communication with a receptionist who can book an urgent appointment if needed. The average wait time at SHCW to see a counsellor is approximately two weeks, and there is currently no staffed triage service to determine the urgency of student circumstances and the appropriateness of appointments. In some cases, students present to counselling with misinformation regarding the service or are seeking support which is serviced by other departments at the university, such as academic scheduling changes or financial assistance. Students may also book an appointment when they feel they need support, but no longer require counselling by the time of the appointment. If they neglect to cancel their appointment, this results in a no-show.

In an effort to address these challenges, the SHCW service embarked on a collaborative approach with Griffith University Health Clinics (HC) to provide a Wellbeing Check-In (WCI) service to students awaiting their counselling appointment.

Incorporating a student-led approach

Universities are now increasingly recognising the need to engage with the student voice (Canning, 2017), contextualising students not only as end users but also as stakeholders in services (Seki et al., 2022). As such, the student-led approach is one methodology of student partnerships (Matthews & Dollinger, 2023) with many inherent benefits. The WCI initiative provided the opportunity to engage with students participating in work placements. Students undergoing field placement are experiencing the stressors of university life while studying the latest evidence base in this field, bringing unique perspectives and skills. Peer supports for mental health have been recognised as a

crucial step in emerging adults' mental health services (McGorry et al., 2024). The utilisation of placement students, coupled with client feedback and statistics, supports the service in providing relevant and accessible support to the student body. The student-led approach fosters agency within students to drive positive change and innovation (Briggs et al., 2019). It allows placement students to develop their professional and personal skills in a safe and structured way (Ruiz-Ortega et al., 2019). Further, the "real-world" interdisciplinary collaborative experience sets them up for success in their future careers (Briggs et al., 2019).

Several universities, including Griffith University, utilise students for peer support and mentorship in wellbeing services. This includes interactions in person or over the phone. One Australian university utilised student peer support advisors for enquiries not specific to mental health. Another Australian university has a service called "The Living Room" where students can drop in during the allocated time to receive mental health and wellbeing support from trained peers. The popular "TalkCampus" service also offers an online platform for 24/7 peer support for student mental health. This has been utilised by over 250 universities and colleges worldwide, covering 1.8 million students, and is growing in popularity (TalkCampus, n.d.). Universities have also provided wellbeing check-ins to students, especially during challenging periods, but these are often conducted by university counselling and wellbeing staff.

Supervised student-led university health clinic models—separate from university student services—providing placements for students have long existed and continue to operate widely (Nyoni et al., 2021). Despite the wide usage of interns in university health clinics, there is a lack of integrated models using a student-led and cross-departmental collaborative approach between student clinics and university counselling services. This collaborative model would ideally incorporate students on placement from relevant fields of study into a tiered system of university-provided mental health support for students. The authors, alongside management in these departments, identified this gap and sought to develop a program that incorporated a student-led collaborative approach to enhance student experience and wellbeing.

The Wellbeing Check-In (WCI) program

Collaboration and problem solving across professional disciplines, boundaries, and service sectors is crucial in providing comprehensive and patient-centred care (Barry & Edgman-Levitan, 2012). It is well known that in universities and many other big businesses, departments often work in silos (Morwenna et al., 2022). There may be poor communication between teams with duplication or overlap of services. The collaboration between the SHCW and HC teams is one step towards providing a cohesive approach to mental health support for students. Interdisciplinary collaborations between health professionals have been shown to improve the quality of patient care (Körner et al., 2016). This opportunity for interdisciplinary collaboration while studying will positively contribute to a student's attitude and knowledge of interdisciplinary collaborations (Olson & Bialocerkowski, 2014).

Through a partnership between the SHCW and HC teams, a student-led model of service delivery was developed to support Griffith University students seeking counselling support. Social work and counselling student interns on field placement from both services provide 15-minute check-in phone calls to students who are waiting for an appointment with a counsellor. The check-in may also provide students with wellbeing resources and strategies to support themselves both prior to and following their counselling appointment. Referral to additional support is provided to relevant students, such as supports with housing, disability, finances, and more. The calls also determine the appropriateness of appointments and assess whether further assistance or additional interim intervention is needed.

Theoretical framework that underpins the WCI program

Interns who are part of the WCI program are immersed in a real-world service with the opportunity to demonstrate their skills while also learning about being an effective health practitioner. Interns are supervised closely by qualified practitioners in their field, who support a diverse range of students with a wide variety of learning activities and simulations to promote all-round development. Experiential learning significantly contributes to fostering engagement and collaboration within the initiative. Experiential learning theory holds that knowledge is created through the transformation of experience (Kolb, 2015). The experiential learning cycle consists of concrete experience, reflective observation, abstract conceptualisation, and active experimentation (Maharsi, 2017). The theory has guided ongoing iterations of the WCI project by addressing diverse learner needs through the incorporation of various stages, promoting mastery, and facilitating the development of learning strategies. By working together in real-world scenarios, the interns learn to communicate clearly, share information, and coordinate care. This, in turn, provides opportunities for intended learning in a work-based environment (Chisholm et al., 2009). The initiative has encouraged a holistic approach to patient care and has provided the opportunity for interns to build on their problem-solving and critical thinking skills. They also learn to analyse situations from different angles and collectively develop solutions. Through hands-on experiences in the workplace, adult learners can directly apply reflection and critical analysis and integrate new knowledge into their existing understanding (Chisholm et al., 2009; Kolb, 2015).

Using an iterative approach guided by the "Plan-Do-Study-Act" (PDSA) model of continuous quality improvement (Taylor et al., 2014), supervisors facilitate each step in the model. The process started with the supervisors identifying the objectives of the WCI program to cover gaps in the counselling service model, providing interns with a structured platform of experiential learning (Plan). This step was implemented in the first WCI program in Trimester 1 2022, with the creation of a manual by the interns to facilitate a seamless handover to the next cohort. Interns were encouraged to take ownership and, through consultation with supervisors, modified the processes in real time to solve issues that arose (Do). Quantitative and qualitative data through formal feedback were collected by the supervisors at the end of each trimester (Study). The data, together with supervisors' and systems input, formed the basis for improvements that were implemented in the next trimester (Act) with the repeat of the cycle.

Encouraging students to take the lead in their learning journey and internship experience has been shown to promote self-confidence and the development of their professional identity (Fook, 2022). Through the project, students are not only mastering foundational skills themselves but also becoming educators, passing down their practice wisdom and experiences to peers. The initiative fosters a culture of interprofessional collaboration and experiential learning, where students actively engage in crafting services tailored to the needs of their peers. In exposing them to real-world health care services that rely on multidisciplinary collaborations, students are better prepared for their future careers.

The WCI process

At the start of each trimester, a lead intern is assigned to oversee the administrative process and allocate "student clients" to each intern. A phone call to each client is scheduled throughout the week, with three attempts made to contact the client. Interns follow a scripted and check listed process that was created by previous interns. This process has been refined based on an iterative process and each trimester's intern feedback.

The main objectives of the wellbeing check-in are to determine if an urgent appointment is needed by using a mental health triage process. The project aims to address the following areas: 1) discuss wellbeing resources and strategies for additional self-support; 2) referral to other services, where

relevant, to receive timely support alongside, or instead of, counselling; 3) inform the student of what a counselling appointment entails to prepare them for their appointment; and 4) reduce the likelihood of no-shows and free up the appointment for other students to book online or confirm the counselling appointment for those who still wish to attend.

Interns complete a structured WCI form for every successful contact and email it through a dedicated secure email address to the counselling team. The structured form is reviewed by the Head of Counselling and Wellbeing who will determine if any further action is required. Supervisors and pathways for support are immediately available to the interns for consultation on any urgent situations. The mental health triage process was developed by the counselling staff for non-clinical staff to utilise as a guide to determine the urgency of mental health appointments.

WCI student intern profile

Griffith University operates on a trimester model and the WCI service operates in two of the three trimesters. From Trimester 1 (T1) 2022 to Trimester 2 (T2) 2023, the program supported a combined total of 22 counselling and social work student placements from diverse academic backgrounds. This included 15 undergraduate and seven postgraduate students. The interns were aged between 21 and 60, with 11 international students and 11 domestic students. Many of the interns (n = 18) identified as female and the majority (n = 15) self-identified as from culturally and linguistically diverse populations. There was also a mix of first and final social work placements, with nine first placement students, and 11 final placement students. For the two counselling students, this was their only placement for the course requirement and the total length of this placement was 280 hours. Social work students were required to do a 500-hour placement as per accreditation standards.

Method

To understand the impact of the student-led WCI pilot, a program evaluation was conducted for quality assurance purposes. Program evaluations are important in social work and counselling disciplines to understand the effects, as well as key processes and outcomes, of the program (Brusco & Frawley, 2019). In particular, the program evaluation approach was used to ensure continuous improvement and development of the WCI program at Griffith University. A formative assessment style using continuous feedback was used (Grinnel et al., 2016). Quantitative data, such as success and outcomes of call logs, were collected daily when calls were made. Qualitative data from interns was collected at the conclusion of the trimester and/or their field placement. Data collection occurred during Trimester 1 2022 through to Trimester 2 2023.

Quantitative data collection

At the start of each week, the SHCW administration team emailed interns a password-protected Excel spreadsheet containing client data to a specific WCI email address (not the student's university email address). The Excel spreadsheet consisted of the new appointment client load, which was then allocated evenly amongst the interns to call that week. After calling the client, the interns then recorded the outcomes of the WCI call on the Excel spreadsheet, among other processes. The progress notes from each call could include the following codes: "Retained counselling appointment, (date call was completed)"; "Non-contactable, (date call was completed)"; "Urgent appointment made, (date call was completed)"; "Referral made to …, (date)"; and "Retained appointment, (date call was completed)". If a client does not answer their phone after three attempts, the case is closed. In the Excel spreadsheet, this is noted as "Non-contactable, (date)".

Qualitative data collection

At the completion of each trimester and round of field placements, each intern was asked to provide feedback on their perspectives and experiences of working within the WCI program. The interns were provided with the following specific prompts: 1) How do you think this wellbeing check-in impacted the students you contacted? 2) How should we evaluate the effectiveness of this initiative? 3) How was your experience conducting the wellbeing check-in and developing the process? 4) What went well? and 5) What do we need to improve on? The interns collated their responses to these questions and compiled their summary of responses in a brief report for the trimester, which was submitted to the WCI supervisors.

Data analysis

Descriptive statistics were used for quantitative data, such as frequency and proportions for WCI call progress and outcome of answered calls. A thematic analysis was conducted on the qualitative data to identify emergent themes (Braun & Clarke, 2012). All authors individually read through student feedback, then met to conduct a first round of coding. During the first round, the initial codes were created, which led to the first iteration of the codebook. A second round of coding was conducted by all authors, where similar codes were collapsed and modified. A group approach to coding and analysis was utilised to ensure consistency and to discuss any discrepancies that emerged during the coding process (Lietz & Zayas, 2010). After the second round of coding, the final codebook was developed, and codes were grouped into overarching themes. Microsoft Excel (quantitative) and Word (qualitative) were used for data analysis.

Ethics

The original intent of data collection was for quality assurance and program evaluation purposes. However, considering the findings, the supervisors determined that it would be important to disseminate the outcomes of the WCI program to a wider audience, so that other university student services may benefit from the novel collaborative and student-led check-in approach. Due to the retrospective nature and initial intent as purely quality assurance, ethics approval was obtained after data collection by Griffith University [GU Ref No: 2024/097].

Positionality of authors

The first author has a Master of Counselling and Bachelor of Science (Nutrition) Honors and is a project manager and counsellor at a public university in South East Queensland. She is the co-supervisor for the WCI program. The second author has a Bachelor of Social Work and is a lecturer at a public university in South East Queensland and the Social Work Clinic Lead at Griffith University HC. She is the co-supervisor for the WCI program. The third author has a PhD in Social Work and a Master of Social Work and is a lecturer at a public university in South East Queensland. She was not part of the WCI program.

Trustworthiness and rigour

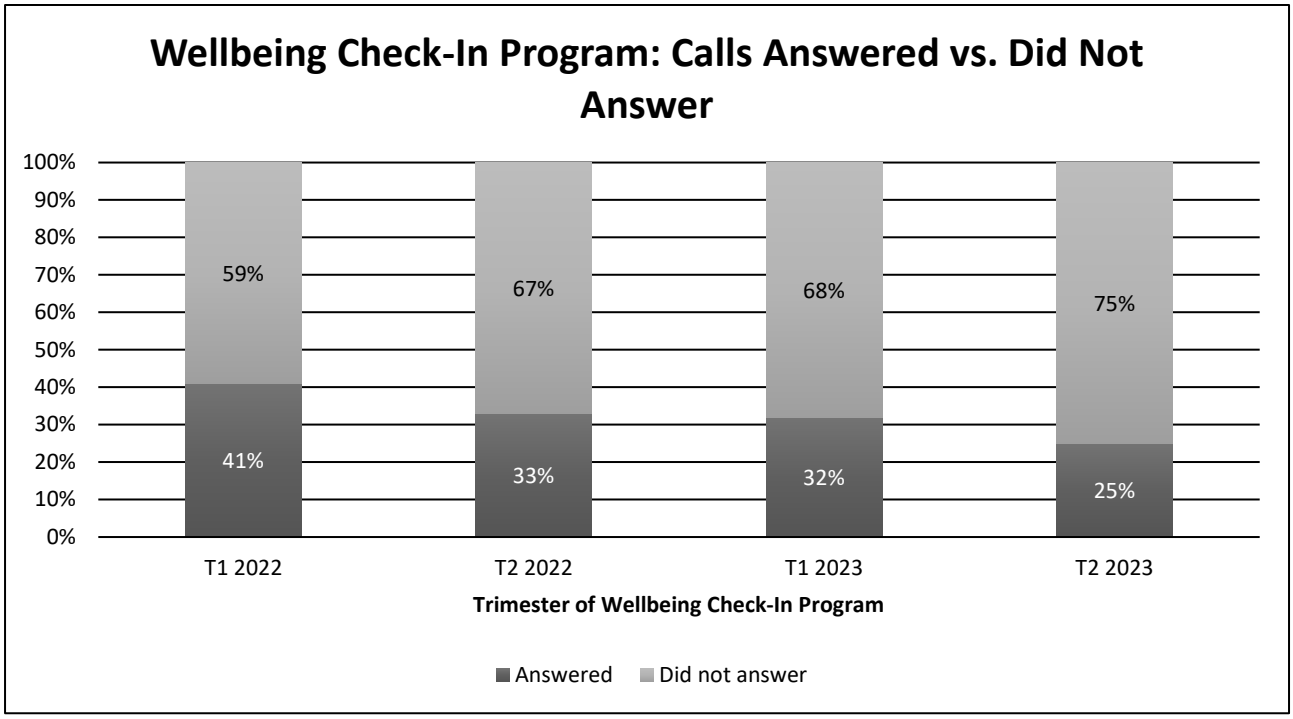
To ensure the trustworthiness and rigour of the qualitative data analysis, there were several strategies utilised (Lietz & Zayas, 2010). The research team consisted of three authors who read through, coded, and analysed the data, thus engaging in observer triangulation. The first and second authors were part of the supervisory team for the WCI program and engaged in reflexivity, where they considered how their experiences and biases may influence the research. Lastly, the authors kept a detailed audit trail that outlined procedures of the evaluation (Lietz & Zayas, 2010).

Results

During T1 2022, a total of 112 new client counselling appointments were initially scheduled and allocated to the interns for the WCI calls. Among that number, 46 (41%) were successfully reached (student contacted within three phone call attempts) and 66 (59%) were unable to be contacted. In T2 2022, a total of 206 new client counselling appointments were initially scheduled and allocated to the interns for the WCI calls. Among that number, 69 (33%) were reachable, while 137 (67%) were unreachable. In T1 2023, a total of 320 new client counselling appointments were initially scheduled and allocated to the interns for the WCI calls, with 102 (32%) answered and 218 (68%) unreachable. In T2 2023, 248 new client counselling appointments were initially scheduled and allocated to the interns for the WCI calls, with 62 (25%) answered and 186 (75%) not answered. Figure 1 illustrates the proportion of answered versus non-answered calls during each trimester of the WCI program.

Figure 1

Proportion of Answered Calls vs. Non-answered Calls each Trimester of the WCI Program



A total of 22 interns provided qualitative feedback on their experiences of the WCI project as part of their social work and counselling field placement. Several overarching themes and subthemes were constructed from the thematic analysis. These included: 1) logistical feedback, 2) professional development, 3) benefits, 4) challenges, and 5) improvements.

Theme 1: Logistical feedback

Interns were asked specifically to provide feedback on the WCI program, such as what went well and what could be improved upon. From the analysis, several subthemes emerged: a) timing, b) systems issues, c) delivery of script, d) orientation improvements, and e) procedural feedback.

Timing. Throughout the provided feedback period, many interns made references to the importance of the timing of the WCI calls they were making. This included feedback on the ideal times of day to call as well as the times that did not work well for clients. Specifically, the interns identified that

11 am–2 pm were ideal times to call (lunchtime), and that typically they found clients did not answer their phones in the mornings or afternoons. This created logistical challenges as interns were usually assigned and had workload time dedicated to calling in the morning when they were at their internship. Additional feedback from interns indicated their need for more organisation around when calls were being made and how they could fit the calls in with their intern schedule and other work commitments, but also manage to reach clients at times that they were likely to pick up.

Systems issues. University system issues and constraints also emerged as a key area of feedback over the evaluation. For example, interns were locating contact details of clients from the extracted Excel spreadsheet, which often had incorrect phone numbers (such as overseas or parent numbers) and details, making it hard to make initial contact with the student. Upon notice from the intern, the supervisor would have to manually update their contact details in the Excel spreadsheet, which was beyond the access, control, or ability of the interns. Ideally, the WCI service targets those clients having their initial visit with a counsellor; however, interns noted many times that clients having follow-up (2nd and 3rd) visits were receiving calls. This was likely due to client (user) error, clicking on the wrong appointment type when booking their next appointment online. Each trimester, the Excel spreadsheet (on which the wellbeing check-ins are recorded and how they are assigned to interns each week) was identified as an area needing improvement. In particular, there appeared to be confusion among interns on how to utilise and navigate the spreadsheet, as well as the spreadsheet including incorrect data when a student was called (such as wrong appointment time and type of appointment).

Delivery of script. During orientation to the WCI calls, the interns were provided with a script that outlined ways to deliver the WCI call with the client. There appeared to be mixed feedback from the interns on whether they found the script helpful or not. Some interns identified the script as lengthy and stated that it felt "robotic", whereas another group of interns mentioned that the script assisted the flow and structure of calls. Ultimately, it was evident that the interns found the script to be helpful initially, as a guide prompting what to say when first starting calls. Over time and with practice, they felt able to complete the calls more freely, based on what felt right as individuals.

Procedural feedback. Interns provided significant feedback regarding areas of improvement to the WCI program. This included having guidelines as to when to make the WCI calls, with calls being made no later than 4 pm, due to closing of service at 5 pm and the availability of staff for emergencies. Interns identified some inconsistencies and confusion among clients about the purpose of the wellbeing check-in and who was calling. For example, one intern shared this concern: "it was also assessed that some clients assumed the intern facilitating the call is a psychologist, or a receptionist that can change, amend or verify the specifics of their upcoming appointment." In addition, there were often inconsistencies in the time, date, and mode of the appointment. Further complicating the situation was the intern's inability to change or amend the appointment, which many clients believed to be the purpose of the wellbeing check-in and were instead referred to contact reception to make those changes. The interns suggested the need for access to accurate or live information about the student's appointments so they could provide this information if requested. Further, they indicated that implementing a process to manage this would benefit the overall effectiveness of the call.

Interns further identified that many calls went unanswered, with an inability to leave a voicemail for the client due to uncertainty about whose phone number is recorded in the system (for example, could be a parent/caregiver). Implementation of an email follow-up to clients to ensure that the message gets across was identified as being potentially beneficial in the future.

Theme 2: Professional development

Embedded in the experience of field placement is the application and acquisition of skill and knowledge development. Specifically, feedback from interns was classified as either a) discipline-specific or b) general professional skills gained through the WCI service experience.

Discipline-specific skills. Every trimester, it was evident that professional development skills specific to social work and counselling were gained. Commonly identified specific skills included communication, active listening, and building rapport. Many of the interns reported that they gained confidence and skills in speaking with clients, and that the WCI calls helped them to practice their client engagement, such as soft skills and interpersonal competencies. Interns reported that they had learned to navigate sensitive conversations and provide appropriate support to the clients. Setting appropriate boundaries can be considered a key skill as a counselling and social work practitioner, particularly when navigating sensitive conversations. Several interns indicated that they found it challenging when clients would "open up" about their mental health challenges and they were not able to provide additional support, apart from confirming their appointment.

General professional skills. In addition to discipline-specific skills, interns shared that they also gained valuable general professional skills that would prepare them for the workforce post-graduation. Most notably, time management and the ability to juggle different roles and responsibilities emerged as prominent skills developed over time. Interns demonstrated their ability to problem solve and identify the best times in their busy schedules to reach students, while also managing other commitments as an intern and student.

Theme 3: Benefits

Benefits of the WCI program were evident from interns' feedback. Specifically, references to a) client benefits, b) student intern benefits, and c) program satisfaction were identified.

Client benefits. Each trimester's evaluation included feedback from interns about the perceived benefit that clients were receiving from the WCI service. Interns identified that students received the support they required promptly and efficiently before their appointments, including information regarding additional university support.

Student intern benefits. The interns expressed multiple times that they felt they had also gained many benefits from participating in the WCI program. This included the ability to gain knowledge and skills. One intern noted that the WCI program "significantly contributed to the development and enhancement of the social work team's soft skills and interpersonal abilities". Also shared by the interns was the sense of satisfaction from helping a client during a time of need. This included internal gratification and self-satisfaction in their enhanced ability to provide support and information to individuals waiting for a counselling appointment.

Theme 4: Challenges

A variety of challenges also emerged from the intern evaluations of the WCI program, including: a) miscomprehension and misunderstanding, b) perceived conflict of interest, and c) inconsistencies in feedback.

Miscomprehension and misunderstanding. While interns had provided their feedback on the WCI program, during analysis it was identified that there was often miscomprehension and misunderstanding of the process and objectives of the service. For example, interns shared that they were not able to perform their duty due to a lack of detailed information. This was a confusion of their role in checking in on clients' wellbeing, rather than being part of the reception team.

Feedback also indicated that interns found calls time-consuming and hard to fit into their schedules. Further, interns found that there were difficulties getting hold of clients and that there was some confusion about why the interns were calling. However, when clients initially book an appointment for the clinic, the booking screen does have a notice that they will be contacted by the intern clinic team for a 15-minute wellbeing call before their appointment.

Perceived conflict of interest. A few interns indicated their perceived conflict of interest when having to call clients. For example, there was some hesitation in calling other clients where it was noted that clients had expressed discomfort about talking to another student and a preference to wait until their scheduled appointment to discuss their specific circumstances. In some instances, interns began a WCI call and then both parties (the intern and the client) realised they knew each other through the university, although no conflict of interest had been apparent due to their different degrees. Further, a student noted that having interns complete the WCI calls created a conflict of interest such that they were ineffective, suggesting that this should be conducted by administration and/or reception.

Inconsistencies in feedback. While interns provided in-depth feedback and addressed both positive and negative aspects of the WCI program, there also appeared to be some inconsistency. For example, interns had identified that having an intern conduct the calls was "not effective". However, in the following set of feedback (from the same cohort of interns) they praised the program as a "valuable and beneficial initiative for the interns to develop their knowledge and skills". In another instance, interns suggested the script used for WCI calls was "lengthy and robotic" while also stating "the use of the WCI script assisted the flow and structure of calls".

Theme 5: Improvements

Over the two years that the WCI program has been running, several improvements have been implemented. These have been a) student-led improvements and b) process improvements.

Student-led improvements. Within the feedback, interns referred to improvements to the service delivery and process that were student-led and implemented during their placement. For example, interns were able to respond effectively to clients who needed additional university resources. They took the initiative in creating an email template which included coping strategy resources to provide to the client in the interim, while they waited for their appointment. Interns were also mindful of imparting knowledge to future interns, creating a simple flowchart including beneficial information. As mentioned above, some interns had concerns with the "robotic" nature of the script, so they were able to adapt and make changes to the script to fit the purpose of the wellbeing check-ins.

Process improvements. There were also process-related improvement suggestions that were eventually incorporated by supervisors. These included improvements to the Excel client data spreadsheet, which included information on the client (contact details) and campus of study. It was suggested to list the campus where the student has an appointment, instead of the campus at which they study, as it may be different. The interns also worked on the development of a program manual and suggested that providing this to future interns would be helpful; this was incorporated moving forward.

Discussion

Overall, the findings suggest that interns had a positive experience within the WCI program. They were transparent with their constructive feedback, suggesting ways to improve the program for future student cohorts. Interns' openness and honesty as part of their placement experience has provided supervisors the opportunity to implement the feedback after each trimester. While several

benefits and learnings from the program were identified, there were also challenges and areas of development needed.

WCI program benefits and challenges

The student-led approach to the WCI calls is beneficial as interns lead the processes and procedures for making improvements through a critical reflective lens, with support and guidance from their supervisors. Findings from the WCI program evaluation suggest that the feedback system is integral to the iterative improvement process. Continuous quality improvement (Taylor et al., 2014) is essential to provide valuable professional development and skill building for social work and counselling students, whilst also improving client experiences and wellbeing. A critical purpose of the WCI calls was to provide a safe and structured way for interns to scaffold their learning. Using a critical reflective lens, crucial for effective allied health practitioners (Morley & Stenhouse, 2020), interns were encouraged to identify their progress and areas of development. The supervisors recognised through previous cohorts that professional development needed to be highlighted and focused on. Interns have reflected that the challenging nature of unscheduled phone calls enabled them to build a unique set of communication and engagement tools—critical skills for their professions.

While the WCI program was a valuable experience, interns found there to be several challenges. A pressing challenge was to navigate data security and conflict of interest with the interns having dual roles as both student and intern. To protect client data security, interns signed confidentiality agreements before starting their internship. Interns were not provided access to student information management systems. As such, the supervisors were in regular contact with the interns to manually support the extraction of correct contact information, where possible. To manage the conflict of interest, interns first asked the client whether they were from the same program they were studying. Prior to calling, interns also checked through the list for familiar names, which were reassigned. If the client identified that they were in the same program, the call would be ended and an intern from another discipline would be assigned to the client instead.

Another challenge to conducting successful calls was having only one private clinic room for the social work interns to make the calls, which they needed to book. Additionally, the social work clinic number was listed as “private” for confidentiality purposes and to prevent callbacks to the unmonitored number. This further compounded the reluctance of clients to pick up the calls. Also adding to the challenge of contacting clients was that newly-enrolled students may supply their parent’s phone number or, for international students, their country of origin contact details. The incorrect contact number issue is more prevalent in the first few weeks of the trimester as the client management system used to extract weekly contact data for the interns updates periodically from the university’s system. As such, more accurate data are reflected in the middle to end of the trimester. Other prohibitive factors included clients not expecting a call at a specific time, and voicemails not being left for privacy reasons. With the current climate of spam calls, the public are wary of receiving unknown calls (Koilada, 2019), further impacting on the success rate of the WCI service.

There were other areas of concern that were identified and exhibited by the interns. Some interns had a miscomprehension and misunderstanding of the purpose of the WCI calls, their role, and the established service processes. For example, interns would misconceive the purpose of the WCI calls as a reception-like service and struggled to perform their tasks effectively without any access to the booking system. Due to this challenge, there were delays in service provision and timely engagement with clients. Although the interns’ ability to manage time and prioritise tasks are part of their learning, this was perceived to be a structural challenge. This resulted in prioritising of other tasks over the WCI program. Most interns were also concerned about perceived conflict of

interest when contacting clients, where negotiating this was also part of their evolving learning and development.

There were contradictions in some interns' feedback, which would negatively evaluate then praise the same service processes. This demonstrates the limitations of relying solely on student intern feedback to shape the direction of a service (Matthews & Dollinger, 2023). Although students and other end users are experts on their experience (Matthews & Dollinger, 2023), they are not the sole experts on the needs of the service. Over-emphasising this approach diminishes the importance of other systems and expertise (Matthews & Dollinger, 2023). Supervisors approach feedback with a balanced view and a critical perspective, bringing their experience and evidence-based approaches to design improvements.

There are many constraints to reasonably fixing the identified issues, one of them being the operational systems that have multiple stakeholders and financial constraints. Interns would not be given access to secure university data management systems due to the duality of their roles and conflicts of interest. The interns' other competing priorities are being balanced with the WCI calls and fixing these issues should not displace other learnings.

Despite not being reflected in the data, some interns from culturally and linguistically diverse backgrounds reported experiencing challenges in communicating. A few received negative responses from clients assuming that they were foreign telemarketers. This was shared with the supervisors of the projects and strategies were put in place in a timely fashion when issues arose. In future iterations, inclusive culturally responsive practices will be included in orientation and the manual.

Incorporation of student feedback and future iterations

Griffith University is considering the incorporation of student feedback as part of future iterations of the WCI program. This includes considering a safe way to leave a message on missed calls and follow up with an email for the next iteration. This is based on interns' feedback on providing additional client benefits, recognising the need for concrete communication from university support services. Feedback on processes such as the Excel spreadsheet were valuable and were captured in a manual for future interns. Based on the challenges perceived by interns, the supervisors realised that there was a need for more in-depth explanations to convey the purpose and objectives of the service and their role. This has been incorporated into the orientation process. Improvements to orientation of interns has been used by the supervisors to guide evolving practice. The importance of the proactive approach to training new interns/employees towards sustained productivity and clarity or role has been emphasised in the literature (Dash & Mahapatra, 2016). This proactive approach to setting interns up for success has been fruitful in preventing issues that may arise. Understanding that this is a learning process for interns and building working relationships with clear processes for raising issues has been integral to the success of this iteration of the WCI service. With this view, supervisors have invested heavily in the orientation process as well as conducting regular meetings with intern team leads and feedback meetings with the team.

The script and additional resources continue to be modified by the interns, based on their experience, and reflect the current needs of the clients. This is part of the student-led approach, with interns being owners of the processes and procedures with the authority to make quality improvement under the guidance of the supervisors (Briggs et al., 2019). Interns were informed of the student-led approach for this service and were encouraged to improve the service with each iteration and provide advice and guidance to the next cohort of interns. This "pay it forward" altruistic approach is central to philosophies of community development (Stebbins, 2015) and interdisciplinary collaboration (Petri, 2010), which is echoed through the design of this service.

Limitations of the evaluation

There are several limitations to the evaluation of the WCI program. Despite the data collection period spanning over two years, the number of interns that the clinic and counselling service can supervise remains limited, leading to a small sample size. The university has plans to increase the number of interns hosted by the clinic, noting that the current cohort is larger than past cohorts. While interns were provided with prompts to guide their feedback, there appears to be some inconsistency in what questions are answered each trimester. In addition, after each trimester of the program, considering student feedback led to improvements in the reflection questions. This meant that the questions were not identical each time, though they were very closely related. Lastly, two of the authors are supervisors of the WCI program which may have led to biases during the analysis and reading through feedback. The inclusion of the third author not connected to the program attempted to reduce biases.

Conclusion

Overall, the WCI program has shown to be a beneficial partnership between the SHCW team and HC team to provide a student-led model of service delivery that has supported Griffith University students prior to their counselling appointments. The cross-departmental partnership has reduced duplication of services, streamlined resources, and provided the opportunity for shared expertise, providing mutual benefits. Utilising student interns to support gaps in service delivery is a practice model that results in the development of interns, the program, and both departments. Further, the WCI program has enabled counselling and social work interns to immerse themselves in a real-world service with the ability to demonstrate their skills while also learning about being an effective health practitioner. The program evaluation has provided valuable information for supervisors and leaders on how to continue to improve and incorporate intern feedback as part of the service delivery model. Future iterations of the service aim to continue to support a student-led approach, while also ensuring that all students who request a counselling appointment through the health clinic receive a wellbeing check-in. Experiences and key learnings from this program may be of benefit to other universities who may be seeking to incorporate a similar model for their counselling and wellbeing services.

Acknowledgements

We express our appreciation for the support of the Griffith University Student, Health, Counselling and Wellbeing (SHCW) and the Griffith Health Clinics teams. Specifically, Mrs Emma Morgan, Director, SHCW, Mr Russell Campbell, Head, Counselling and Wellbeing, Dr Jonathan Munro, Ex-Head (retired), Counselling and Wellbeing, and Mrs Kara Roffey, Allied Health Clinic Director. We would also like to express our appreciation for the interns who have participated in the program and provided feedback for this evaluation.

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Please cite this paper as:

Chiang, L., Wallwork, M.-A., & Terzis, L. D. (2024). Utilising a collaborative approach between the counselling and health clinics teams for a student intern-led wellbeing check-in service: A program evaluation. *Journal of the Australian and New Zealand Student Services Association*, *32*(2), 147–162. https://doi.org/10.30688/janzssa.2024-2-03